

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/521021

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5						
6						
7		2				
8		2				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
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43		1				
44		1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	25	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						